

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO. <u>10/627920</u>		FILING DATE	
						APPLICANT(S)			
						CLAIMS			
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				
	NO	DEP	NO	DEP	NO	DEP		NO	DEP
1							51	1	2
2							52	1	2
3							53		
4							54		
5							55		
6							56		
7							57		
8							58		
9							59	1	2
10							60		
11							61		
12							62		
13							63		
14							64		
15							65		
16							66		
17							67		
18							68		
19							69		
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36							86		
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38							88		
39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL NO.			3		3		TOTAL NO.		
TOTAL DEP.			20		39		TOTAL DEP.	14	
TOTAL CLAIMS			42		42		TOTAL CLAIMS	37	

PTO 1260 (Repeatability) (2-83)

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14  
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